

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

ELENOR S.,

Plaintiff,

v.

COMMISSIONER OF SOCIAL SECURITY,

Defendant.

Case No. C21-5781 DGE

**ORDER AFFIRMING DENIAL OF
BENEFITS**

I. INTRODUCTION

Plaintiff seeks review of the denial of her application for disability insurance benefits. Plaintiff contends the ALJ erred by (1) rejecting her testimony; (2) rejecting the physical capacity opinions of Frederick Thompson, M.D., Terri Jo Lientz, DPT, and Marsha Hiller, PT; and (3) rejecting the mental capacity opinions of Diana Tognazzini, Ph.D., Daniel Wanwig, M.D., and Lori TeSelle-DeLisa, M.A. (Dkt. No. 9 at 1–2.) As discussed below, the Court AFFIRMS the Commissioner’s final decision and DISMISSES the case with prejudice.

II. BACKGROUND

Plaintiff is 63 years old, has at least a high school education, and has worked as a corrections officer. (Dkt. No. 7, Admin. Record (“AR”) 47.) On September 21, 2015, Plaintiff applied for benefits, alleging disability as of June 29, 2015. (AR 216.) Plaintiff’s applications

1 were denied initially and on reconsideration. (AR 187–212.) On June 20, 2018, ALJ Joanne
2 Dantonio held a hearing on Plaintiff’s claims.¹ (AR 77–146.) ALJ Dantonio then issued a
3 decision finding Plaintiff not disabled. (AR 216–39.)

4 The Appeals Council remanded the ALJ’s decision on April 20, 2020. (AR 248–53.)
5 The Appeals Council determined the ALJ did not properly consider Plaintiff’s testimony, and did
6 not adequately consider the vocational issues in the case. (AR 250–52.)

7 On remand, the ALJ held a new hearing. (AR 148–86.) The ALJ then issued a new
8 decision, dated December 2, 2020, again finding Plaintiff not disabled. (AR 15–49.) In relevant
9 part, the ALJ found Plaintiff had severe impairments of bilateral knee osteoarthritis, mild left
10 shoulder tear, lumbosacral sprain, right hip sprain, right thigh muscle strain, and obesity. (AR
11 18.) The ALJ found Plaintiff had the residual functional capacity to perform medium work, with
12 additional exertional, manipulative, postural, and environmental limitations. (AR 22–23.)

13 The Appeals Council denied Plaintiff’s request for review, making the ALJ’s decision the
14 Commissioner’s final decision. (AR 1–3.)

15 III. DISCUSSION

16 This Court may set aside the Commissioner’s denial of social security benefits only if the
17 ALJ’s decision is based on legal error or not supported by substantial evidence in the record as a
18 whole. *Ford v. Saul*, 950 F.3d 1141, 1154 (9th Cir. 2020). The ALJ is responsible for
19 evaluating evidence, resolving conflicts in medical testimony, and resolving any other
20 ambiguities that might exist. *Andrews v. Shalala*, 53 F.3d 1035, 1039 (9th Cir. 1995). Although
21 the Court is required to examine the record as a whole, it may neither reweigh the evidence nor
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23 ¹ ALJ Dantonio held a hearing on February 12, 2018, but Plaintiff was not present as she was in
the emergency room. (AR 59–75.)

1 substitute its judgment for that of the ALJ. *Thomas v. Barnhart*, 278 F.3d 947, 954 (9th Cir.
2 2002). When the evidence is susceptible to more than one interpretation, the ALJ's
3 interpretation must be upheld if rational. *Ford*, 950 F.3d at 1154. This Court "may not reverse
4 an ALJ's decision on account of an error that is harmless." *Molina v. Astrue*, 674 F.3d 1104,
5 1111 (9th Cir. 2012).

6 **A. Plaintiff's Testimony**

7 Plaintiff contends the ALJ erred by failing to give clear and convincing reasons for
8 discounting her testimony regarding the severity of her impairments. (Dkt. No. 9 at 2–7.)
9 Plaintiff testified she has back, hip, and knee pain that limits her mobility and lifting ability. (AR
10 94, 102–03, 157, 458, 463.) She testified she needs to recline or lay down for about three hours
11 in a typical eight-hour day due to swelling in her knees and low back pain. (AR 158.) She
12 testified she can sit for 20 minutes before needing to change positions. (AR 159.) She testified
13 she can walk for about 30 minutes at a time. (AR 160.)

14 Plaintiff testified at the hearing in 2018 that she dropped things easily with her right hand
15 due to carpal tunnel syndrome. (AR 118.) At the second hearing, after she had undergone
16 surgery to address that issue, she testified her hand issues were about the same, and she could
17 only use her hands for about 10 minutes at a time. (AR 159.)

18 Plaintiff testified her depression and anxiety prevent her from working. (AR 101.) She
19 testified she has panic attacks two to three times a week, triggered by going out in public. (AR
20 161.) She reported she has difficulty focusing and concentrating. (AR 109, 463.)

21 The Ninth Circuit has "established a two-step analysis for determining the extent to
22 which a claimant's symptom testimony must be credited." *Trevizo v. Berryhill*, 871 F.3d 664,
23 678 (9th Cir. 2017). The ALJ must first determine whether the claimant has presented objective

1 medical evidence of an impairment that “‘could reasonably be expected to produce the pain or
2 other symptoms alleged.’” *Id.* (quoting *Garrison v. Colvin*, 759 F.3d 995, 1014–15 (9th Cir.
3 2014)). If the claimant satisfies the first step, and there is no evidence of malingering, the ALJ
4 may only reject the claimant’s testimony “‘by offering specific, clear and convincing reasons for
5 doing so. This is not an easy requirement to meet.’” *Trevizo*, 871 F.3d at 678 (quoting
6 *Garrison*, 759 F.3d at 1014–15).

7 The ALJ found Plaintiff met the first step, but discounted her testimony regarding the
8 severity of her symptoms. The ALJ reasoned Plaintiff’s testimony was undermined by the fact
9 that she gave contradictory statements in the record, was inconsistent with the medical evidence,
10 and was inconsistent with her daily activities. (*See* AR 24–39.) The ALJ did not err in
11 discounting Plaintiff’s testimony on these bases.

12 The ALJ did not err in rejecting Plaintiff’s symptom testimony because she made
13 inconsistent statements throughout the record. An ALJ may reject a claimant’s testimony when
14 the claimant makes inconsistent statements concerning her symptoms. *See Tommasetti v. Astrue*,
15 533 F.3d 1035, 1039 (9th Cir. 2008). For example, Plaintiff testified she cannot concentrate
16 enough to read anymore. (AR 92.) However, Plaintiff admitted to providers she read often, and
17 was able to read through a vocational report, her workers’ compensation claim, and the
18 Washington Administrative Code well enough to discuss them with her attorney. (*See, e.g.*, AR
19 854, 881, 1150, 1153, 1188, 1253, 1297.) Plaintiff testified she could not work due to pain and
20 mental health symptoms. (*See* AR 94, 101, 159.) Yet, she told one examiner if she could get a
21 job at a location other than the island² on which she had previously worked, she “‘would be fine.”

22
23 ² Plaintiff worked at McNeil Island and alleged she was injured during an incident on the ferry to
the island. (*See* AR 666, 780.)

1 (AR 853.) Another examiner noted Plaintiff's presentation was "bizarre" and out of proportion
2 to her industrial injury claim. (AR 1934.)

3 As to her specific symptoms, the ALJ did not err in rejecting Plaintiff's back, hip, and
4 knee complaints. An ALJ may reject a claimant's symptom testimony when it is contradicted by
5 the medical evidence. *See Carmickle v. Comm'r, Soc. Sec. Admin.*, 533 F.3d 1155, 1161 (9th
6 Cir. 2008) (citing *Johnson v. Shalala*, 60 F.3d 1428, 1434 (9th Cir.1995)). The ALJ
7 comprehensively discussed the medical evidence, noting that findings were largely normal. For
8 example, the ALJ noted Plaintiff had normal range of motion in her back, hips, and knees. (*See*,
9 *e.g.*, AR 788, 1598, 1854, 2236, 2356.) The ALJ noted another provider found Plaintiff's
10 "mechanism of injury simply does not support" her ongoing complaints as to her back, hip, and
11 knee pain. (AR 792.) Other providers noted Plaintiff benefitted from physical therapy, and had
12 little to no back pain with functional activities. (*See* AR 2236–38, 2588.)

13 The ALJ also reasonably found Plaintiff's daily activities contradicted her claims
14 regarding the severity of her back, hip, and knee pain. An ALJ may reject a plaintiff's symptom
15 testimony based on her daily activities if they contradict her testimony or "meet the threshold for
16 transferable work skills." *Orn v. Astrue*, 495 F.3d 625, 639 (9th Cir. 2007) (citing *Fair v.*
17 *Bowen*, 885 F.2d 597, 603 (9th Cir. 1989)). Plaintiff reported doing "excellent" in early 2019,
18 and regularly reported being able to clean, cook (for her family and for her church), wash dishes,
19 vacuum, and take walks. (*See, e.g.*, AR 459–61, 881, 2248, 2259, 2261, 2447, 2468, 2588.) She
20 was able to re-pot a heavy houseplant without her back pain flaring up. (AR 2578.)

21 Turning to Plaintiff's carpal tunnel symptoms, the ALJ did not err in rejecting her
22 testimony regarding these symptoms. The ALJ noted Plaintiff reported dramatic improvement in
23 her left arm after carpal tunnel release surgery. (AR 1854.) She had the same surgery on her

1 right arm in July 2018, and did not receive further treatment on that arm. (*See* AR 2258, 2343.)
2 Moreover, contrary to Plaintiff's claims that she could not cook or do chores due to her
3 symptoms, as mentioned above, she could cook, clean, and do chores. (*See, e.g.*, AR 459–61,
4 854–55, 2261, 2468.) Plaintiff has failed to show the ALJ unreasonably interpreted this
5 evidence.

6 The ALJ finally did not err in rejecting Plaintiff's claims regarding her mental health
7 symptoms. The ALJ found Plaintiff showed only mild deficits during evaluations. (*See* AR 20–
8 22.) This was a reasonable conclusion, as the ALJ noted dozens of occasions on which Plaintiff
9 presented with euthymic mood, normal appearance and speech, and logical/linear/coherent
10 thought processes. (*See, e.g.*, AR 855–58, 1152, 1173, 1184, 1196, 1219, 1237, 1271, 1297,
11 1757, 1773, 1786, 1795, 1801, 1817, 1823, 2128, 2140, 2169, 2222.)

12 The ALJ also found Plaintiff's daily activities contradicted her testimony regarding the
13 severity of her mental symptoms. (*See* AR 20–22.) The ALJ noted Plaintiff could cook, drive,
14 and deal with her finances. (*See, e.g.*, AR 459–61, 855, 2260.) She could serve as her husband's
15 caregiver. (*See* AR 1201, 1649, 1934.) Plaintiff could focus enough to read through her
16 workers' compensation claim and the Washington Administrative Code to discuss them with her
17 attorney. (AR 1153, 1297.) Plaintiff also could focus enough to write a short book. (AR 1802.)

18 In sum, the ALJ provided multiple clear and convincing reasons to reject Plaintiff's
19 symptom testimony, and those reasons were supported by substantial evidence. The ALJ
20 therefore did not harmfully err.

21 **B. Physical Capacity Opinions**

22 Plaintiff contends the ALJ erred by rejecting three medical providers' opinions regarding
23 her physical capacities: Dr. Thompson, Ms. Lientz, and Ms. Hiller. (Dkt. No. 9 at 7–10.) The

1 Court will address each provider's opinions in turn.

2 1. Dr. Thompson's Opinions

3 Plaintiff argues the ALJ erred by rejecting Dr. Thompson's opinions on Plaintiff's ability
4 to reach, hold, handle, and manipulate. (Dkt. No. 9 at 9–10.) Dr. Thompson completed a
5 medical questionnaire from Plaintiff's counsel in June 2018. (AR 1829–30.) He opined Plaintiff
6 had bilateral carpal tunnel syndrome, she was scheduled for surgery, and she would be limited to
7 occasional (meaning up to one-third of an eight-hour workday) reaching, holding, handling, and
8 manipulating. (*Id.*)

9 An ALJ may only reject the uncontradicted opinions of a treating doctor by providing
10 “‘clear and convincing’ reasons.”³ *Lester v. Chater*, 81 F.3d 821, 830 (9th Cir. 1996) (quoting
11 *Baxter v. Sullivan*, 923 F.2d 1391, 1396 (9th Cir. 1991)). If the treating doctor's opinions are
12 contradicted, the ALJ must provide “‘specific and legitimate reasons’ supported by substantial
13 evidence in the record for so doing.” *Lester*, 81 F.3d at 830 (quoting *Murray v. Heckler*, 722
14 F.2d 499, 502 (9th Cir. 1983)). Dr. Thompson's opinions were contradicted by the opinions of
15 Joan Sullivan, M.D., and Guillermo Rubio, M.D., at a minimum, so the specific and legitimate
16 standard applies. (*See* AR 209, 792, 1480–82.)

17 The ALJ did not harmfully err in rejecting Dr. Thompson's opinions. First, an ALJ may
18 reject a doctor's opinions when they are contradicted by the medical evidence. *See Batson v.*
19 *Comm'r of Soc. Sec. Admin.*, 359 F.3d 1190, 1195 (9th Cir. 2004). Dr. Thompson found
20 Plaintiff's left wrist symptoms dramatically improved after undergoing carpal tunnel release
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22 ³ The Social Security Administration has revised its regulations for evaluating medical evidence,
23 but the revised regulations apply only to claims filed on or after March 27, 2017 and therefore
are not relevant to this case. *See* 20 C.F.R. § 404.1527 (applicable to claims filed before March
27, 2017); 20 C.F.R. § 404.1520c (applicable to claims filed after March 27, 2017).

1 surgery. (AR 1854.) The ALJ reasonably concluded this contradicted Dr. Thompson's opinions
 2 with respect to Plaintiff's left wrist and hand. (*See* AR 44.)

3 Second, an ALJ may reject a doctor's opinions when they are contradicted by the
 4 claimant's daily activities. *Morgan v. Comm'r of Soc. Sec. Admin.*, 169 F.3d 595, 601–02 (9th
 5 Cir. 1999). As the ALJ explained in discussing Plaintiff's testimony, Plaintiff's daily activities,
 6 such as cooking, cleaning, and doing other household chores, contradicted Dr. Thompson's
 7 opinions as to Plaintiff's left and right wrists and hands. (*See, e.g.*, AR 459–61, 854–55, 2261,
 8 2468.) The ALJ reasonably determined this contradicted Dr. Thompson's opined limitations.
 9 (*See* AR 44.) The ALJ therefore gave specific and legitimate reasons to reject Dr. Thompson's
 10 opinions on Plaintiff's ability to reach, hold, handle, and manipulate, and did not harmfully err.

11 2. Ms. Lientz's Opinions

12 Plaintiff argues the ALJ erred by rejecting Ms. Lientz's opinions on Plaintiff's lifting
 13 capacity. (Dkt. No. 9 at 7–8.) Ms. Lientz performed a functional capacities evaluation in
 14 January 2016. (AR 864–81.) Ms. Lientz opined, among other things, that Plaintiff could
 15 occasionally lift 25 pounds from the floor to her waist, and from knee to waist, and frequently lift
 16 12.5 pounds over those spans. (AR 865.) She opined Plaintiff could occasionally lift 20 pounds
 17 from waist to shoulder, and frequently lift 10 pounds over that span. (*Id.*) Ms. Lientz opined
 18 Plaintiff could occasionally lift 15 pounds from shoulder to overhead, and frequently lift 7.5
 19 pounds over that span. (*Id.*)

20 Ms. Lientz is a Doctor of Physical Therapy, but the regulations recognize only medical or
 21 osteopathic physicians as “acceptable medical sources.” 20 C.F.R. § 404.1502(a)(1).⁴ The ALJ

22 ⁴ The Administration's revised regulations changed who is considered an acceptable medical
 23 source, but did not change treatment of opinions from physical therapists like Ms. Lientz. *See*
 Revisions to Rules Regarding the Evaluation of Medical Evidence, 82 Fed. Reg. 5844-01, 2017

1 needed only to provide germane reasons for rejecting Ms. Lientz's opinions. *See Molina*, 674
2 F.3d at 1111.

3 The ALJ did not err in rejecting Ms. Lientz's opinions. Contradiction with the medical
4 record is a valid reason to reject a medical source's opinions. *See Bayliss v. Barnhart*, 427 F.3d
5 1211, 1218 (9th Cir. 2005). The ALJ reasoned Ms. Lientz's opinions were "somewhat consistent
6 with" the overall medical record, but adjusted the physical limitations based on Plaintiff's
7 demonstrated functioning during an interdisciplinary pain program and Plaintiff's self-limiting
8 behavior. (*Id.*) At the end of that pain program, which took place in the months after Ms. Lientz
9 signed her opinions, Plaintiff demonstrated the capacity to lift 35 pounds occasionally and 30
10 pounds frequently. (AR 1000–01.) The ALJ reasonably found this contradicted Ms. Lientz's
11 lifting restrictions, and thus gave a germane reason for rejecting Ms. Lientz's lifting opinions.

12 3. Ms. Hiller's Opinions

13 Plaintiff argues the ALJ erred by rejecting Ms. Hiller's opinions on Plaintiff's functional
14 capacities. (Dkt. No. 9 at 10–11.) Ms. Hiller opined Plaintiff could lift 17 pounds occasionally,
15 and 8.5 pounds frequently. (AR 2590, 2592.) Ms. Hiller opined Plaintiff could carry 10 pounds
16 occasionally, and five pounds frequently. (*Id.*) She opined Plaintiff could push and pull 120
17 pounds. (AR 2590.) She opined Plaintiff could not stand for more than 15 minutes
18 continuously, sit for more than 20 minutes continuously, and walk for 0.7 miles continuously.
19 (AR 2590, 2592.) Ms. Hiller opined Plaintiff could not climb stairs, crouch, kneel, or crawl.
20 (AR 2592.)

21 Like with Ms. Lientz, the ALJ needed to provide germane reasons to reject Ms. Hiller's
22 opinions. *See Molina*, 674 F.3d at 1111. The ALJ rejected Ms. Hiller's opinions because they

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WL 168819 (Jan. 18, 2017).

1 were inconsistent with the medical record. (AR 44.) First, the ALJ noted Ms. Hiller’s walking
2 limitations were inconsistent with Plaintiff’s own reports that she was walking 30 to 45 minutes
3 daily. (See AR 44, 2461.) Second, the ALJ noted Ms. Hiller’s stair-climbing limitations were
4 inconsistent with the medical evidence, which showed Plaintiff had no difficulty with stairs even
5 though she did not like them “because of fatigue and ‘stumbling.’” (See AR 44, 2237.) Third,
6 the ALJ noted Plaintiff reported little to no back pain with her functional activities, and was able
7 to do most tasks around her home without back pain or difficulty. (See AR 44, 2582, 2588.) The
8 ALJ’s reasoning, particularly when coupled with her overall discussion of the medical evidence
9 as it related to Plaintiff’s testimony, is supported by substantial evidence. The ALJ therefore did
10 not harmfully err in rejecting Ms. Hiller’s opinions.

11 **C. Mental Capacity Opinions**

12 Plaintiff contends the ALJ erred by rejecting the mental capacity opinions from Dr.
13 Tognazzini, Dr. Wanwig, and Ms. TeSelle-DeLisa. (Dkt. No. 9 at 8–9, 11–12.) Unlike the
14 physical capacity opinions, Plaintiff challenges the ALJ’s rejection of the entirety of these mental
15 capacity opinions rather than any specific portions of them. The Court again addresses each
16 provider’s opinions in turn.

17 **1. Dr. Tognazzini’s Opinions**

18 Dr. Tognazzini evaluated Plaintiff on September 27, 2018. (AR 2104–06.) In her report,
19 she noted findings relating to depression, anxiety, and posttraumatic stress disorder, but did not
20 identify any work limitations at that time. (*Id.*) In May 2020, Dr. Tognazzini completed a report
21 in which she opined Plaintiff had moderate to extreme limitations in her abilities related to
22 understanding and memory, sustained concentration and persistence, social interaction, and
23 adaptation. (AR 2566–68.) Dr. Tognazzini opined Plaintiff could not work on a regular and

1 sustained basis due to her mental impairments. (AR 2568.)

2 Dr. Tognazzini's opinions were contradicted by the opinions of Lezlie Pickett, Ph.D.,
3 (AR 858), Jan Lewis, Ph.D., (AR 192–93), and Leslie Postovoit, Ph.D., (AR 206–07), so the ALJ
4 needed to give specific and legitimate reasons to reject them. *See Lester*, 81 F.3d at 830.

5 The ALJ did not err in rejecting Dr. Tognazzini's opinions. The ALJ rejected Dr.
6 Tognazzini's functional capacity opinions because she found they were inconsistent with the
7 overall medical record and Plaintiff's daily activities. (AR 45.) The ALJ's analysis of those
8 inconsistencies largely mirrored her analysis of them with respect to Plaintiff's mental symptom
9 testimony. (*See* AR 20–22.) That analysis was supported by substantial evidence, and satisfies
10 the specific and legitimate standard with respect to Dr. Tognazzini's functional capacity opinions
11 just as it satisfied the clear and convincing standard with respect to Plaintiff's testimony. *See*
12 *supra* Part III.A.

13 The ALJ also did not err in rejecting Dr. Tognazzini's opinion that Plaintiff cannot work.
14 As the ALJ noted, findings that a claimant is disabled or unable to work are reserved to the
15 Commissioner. 20 C.F.R. § 404.1527(d)(1); *see McLeod v. Astrue*, 640 F.3d 881, 884–85 (9th
16 Cir. 2011). The ALJ accordingly did not err in rejecting Dr. Tognazzini's overall opinions.

17 2. Dr. Wanwig's Opinions

18 Dr. Wanwig completed a mental residual functional capacity assessment in June 2020.
19 (AR 2569–72.) He opined Plaintiff had mild to extreme limitations in her abilities related to
20 understanding and memory, sustained concentration and persistence, social interaction, and
21 adaptation. (AR 2570–72.) He opined Plaintiff could not work on a regular and sustained basis
22 due to her mental impairments. (AR 2572.)

23 Like Dr. Tognazzini's opinions, Dr. Wanwig's opinions were contradicted by the

1 opinions of Dr. Pickett, (AR 858), Dr. Lewis, (AR 192–93), and Dr. Postovoit, (AR 206–07), so
2 the ALJ needed to give specific and legitimate reasons to reject them. *See Lester*, 81 F.3d at
3 830–31.

4 The ALJ’s reasons for rejecting Dr. Wanwig’s opinions were nearly identical to her
5 reasons for rejecting Dr. Tognazzini’s opinions. (*Compare* AR 45–46, *with* AR 46–47.) Those
6 reasons are equally valid with respect to Dr. Wanwig’s opinions, and thus the ALJ did not err in
7 rejecting Dr. Wanwig’s opinions.

8 3. Ms. TeSelle-DeLisa’s Opinions

9 Ms. TeSelle-DeLisa, Plaintiff’s therapist, completed a medical source statement in
10 February 2018. (AR 1714–16.) Ms. TeSelle-DeLisa opined Plaintiff had marked limitations in
11 her ability to work in coordination with or proximity to others without being unduly distracted by
12 them, interact appropriately with the general public, and travel in unfamiliar places or use public
13 transportation. (AR 1715–16.) Ms. TeSelle-DeLisa opined Plaintiff otherwise had no, mild, or
14 moderate limitations in her mental abilities. (AR 1714–16.)

15 Ms. TeSelle-DeLisa is another medical source, so the ALJ needed to give germane
16 reasons to reject her opinions. *See Molina*, 674 F.3d at 1111. The ALJ rejected Ms. TeSelle-
17 DeLisa’s opinions because they were inconsistent with the medical record. (AR 43.) As with
18 Dr. Tognazzini’s and Dr. Wanwig’s opinions, this was a reasonable conclusion. *See supra* Part
19 III.C.1–2. The ALJ added that Ms. TeSelle-DeLisa’s opinions were inconsistent with
20 Plaintiff’s “treatment records indicating that her symptoms are situational in nature and
21 effectively controlled with coping techniques and medications.” (AR 43.) The ALJ’s discussion
22 here was too vague, as she offered no support in the record for this finding. (*See id.*)
23 Nonetheless, the error was harmless because the ALJ’s overall reasoning was well-supported.

1 *See Molina*, 674 F.3d at 1115 (explaining that “an error is harmless so long as there remains
2 substantial evidence supporting the ALJ’s decision and the error ‘does not negate the validity of
3 the ALJ’s ultimate conclusion’” (quoting *Batson*, 359 F.3d at 1197)).

4 The ALJ also rejected Ms. TeSelle-DeLisa’s opinions because they were inconsistent
5 with Plaintiff’s “demonstrated functioning in her personal life.” (AR 43.) The ALJ here cited
6 many of the same activities as she had when discussing Plaintiff’s mental symptom testimony.
7 (*Compare* AR 44, *with* AR 20–22.) The ALJ reasonably found those activities, including
8 serving as her husband’s caregiver, writing a book, and researching the Washington
9 Administrative Code, contradicted Ms. TeSelle-DeLisa’s opinions just as they contradicted
10 Plaintiff’s testimony. The ALJ did not harmfully err in rejecting Ms. TeSelle-DeLisa’s opinions.

11 CONCLUSION

12 For the foregoing reasons, the Commissioner’s final decision is AFFIRMED and the case
13 is DISMISSED with prejudice.

14 DATED this 28th day of March 2022.



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17 David G. Estudillo
18 United States District Judge
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